



Compensation Form Instructions For Personal Injury Claimants

These instructions are designed to help you complete and submit the September 11th Victim Compensation Fund ("Victim Compensation Fund" or "VCF") Compensation Form for Personal Injury Claimants. These instructions will help you complete the second section of the claim form: the Compensation Form. ***You should complete the Compensation Form after you have completed the Eligibility Form, which is the first section of the claim form.*** Please see the separate set of instructions for information on how to complete the Eligibility Form.

The VCF claim form is divided into two sections: the Eligibility Form and the Compensation Form. There is a Supporting Document Checklist at the end of each of these sections. The checklist will help you organize and submit the supporting documents that you must provide with your claim. *Please note that if you are submitting your claim electronically through the VCF's website, you will also complete a "Claimant Registration" section.*

Section 1: Eligibility Form (Parts I-IV) – *Step-by-step instructions for completing the Eligibility Form are included in the "Eligibility Form Instructions" document.* The Eligibility Form requests information related to the Claimant's eligibility for compensation from the VCF. The Eligibility Form is divided into four parts and requests information about the Claimant, presence at the crash site, and the physical injury or condition sustained as a result of the September 11th attacks or the related debris removal efforts.

Section 2: Compensation Form (Parts V-X) – *Step-by-step instructions for completing the Compensation Form are included in this document.* The Compensation Form requests information that may be used to compute your award if the Special Master determines you are eligible for compensation.

Where can I go for more information?

Through the Internet -- The Victim Compensation Fund website address is www.vcf.gov.

By telephone -- The toll-free Helpline number is 1-855-885-1555; TDD 1-855-885-1558. If you are calling from outside the United States, please call 1-202-353-0356.

When Should I Submit the Compensation Form?

Claimants may submit the Compensation Form any time after they submit the Eligibility Form. You may submit it immediately after submitting the Eligibility Form, or you may wait until you have been deemed eligible for compensation by the VCF.



How should I complete my Compensation Form?

You can submit the Compensation Form using an online web-based process or you can submit a hardcopy form by mail. We strongly recommend that you use the online system. The online system will help lower administrative costs and will allow a more efficient claims process. If you submitted your Eligibility Form in hardcopy, you will still be able to complete your Compensation Form online if you would like to do so. Please call the VCF's toll-free Helpline at 1-855-885-1555 for information on how to gain online access to your claim form. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-353-0356. If you cannot access the online system, you can request a hardcopy Compensation claim form by calling the Helpline. The VCF will then mail the form to you. After completing it, you must mail the form to the following address:

By regular mail:

September 11th Victim Compensation Fund
P.O. Box 34500
Washington, DC 20043

By overnight mail:

September 11th Victim Compensation Fund
Claims Processing Center
1100 L Street N.W. - Suite 3000
Washington, DC 20005

How Will the Award be Calculated?

The Compensation Form requests information that may be used to compute your award if the Special Master determines that you are eligible for compensation. All awards will generally consist of the same three components and will be calculated as follows:

Economic Loss *plus* Non-Economic Loss *minus* Collateral Source Payments.

1. The VCF first determines the Claimant's economic loss based on the nature and extent of the Claimant's eligible condition(s) and related losses.
2. The VCF determines non-economic loss based on the nature and extent of the eligible condition(s).
3. The VCF adds the economic loss and non-economic loss together.
4. Next, the VCF determines the amount of collateral source payments that the Claimant has received or is entitled to receive.
5. The VCF subtracts the collateral source payments from the total of economic loss and non-economic loss.
6. Because funding for the VCF has been capped by Congress, awards will then be reduced based on projections on the number and value of expected eligible claims.

Economic loss is the amount that the Claimant has lost as a result of the eligible injury or death. For example, economic loss includes:



- Medical and non-medical expenses the Claimant has had to pay and expects to pay because of his or her injury or condition.
- Income and other work-related benefits that the Claimant has lost because of his or her disability.
- “Replacement services” that the Claimant could not and cannot provide because of his or her injury or condition.

If the Claimant suffers a disability that will affect the Claimant's ability to work in the future as a result of an eligible injury, then the economic loss computation will also include a component for projected lost future income and benefits. That is, the VCF will compute the amount of wages or other income that the Claimant would have received if the Claimant had not suffered a disability that will affect the Claimant's ability to work.

Non-economic loss includes losses for physical and emotional pain and suffering, loss of enjoyment of life, mental anguish and other similar losses. The Claimant's non-economic loss will be based on the nature of the injury. To help the VCF determine non-economic loss, Claimants should submit information about the specifics of their injuries, the effects of the injuries on their daily life and that they expect in the future.

Collateral source payments are payments from other sources that the Claimant has received or is entitled to receive because of the September 11th attacks or related debris removal efforts.

What Is Included in the Compensation Form for Personal Injury Claimants?

The Compensation Form starts at Part V of the claim form (since the Eligibility Form contains Parts I-IV). The Compensation Form contains six parts plus the Supporting Document Checklist:

Part V. Claimant's Medical Expense Loss or Other Out-of-Pocket Expense Loss. This Part requests information about any out-of-pocket expenses that the Claimant has had to pay as a result of his or her September 11th-related injuries or conditions. It also requests information about any expenses related to those injuries or conditions that the Claimant expects to incur in the future.

This part also requests information regarding insurance, health care, and disability benefits that may have covered the expenses.

Part VI. Claimant's Loss of Earnings to Date/Loss of Replacement Services to Date. This Part requests information regarding any earnings, benefits, or replacement services that the Claimant has already lost as a result of his or her physical injury or condition.

Part VII. Claim of Lost Future Earnings/Claim of Lost Future Replacement Services. This Part applies only if the Claimant has an ongoing disability that the Claimant expects will lead to a loss of future earnings or replacement services. This Part requests information about the Claimant's disability, the loss of future earnings, the Claimant's employment, compensation, and benefits in the years before and during the disability, and the loss of future replacement services.

Part VIII. Collateral Source Payments. This Part requests information regarding payments from collateral sources that the Claimant has received, is receiving or is entitled to receive that are related to the September 11th attacks or the debris removal efforts. Collateral source payments are payments



from any entity (except a charity) to the Claimant for September 11th-related injuries. Examples are disability payments from Social Security or certain insurance or workers' compensation payments.

Part IX. Other Information (Optional). This Part allows Claimants to provide any other information that may be relevant to the claim or award.

Part X. Certification for Compensation Form. This part contains certification forms and authorization forms that the Claimant must sign. By signing these forms, the Claimant permits the release of information to the VCF and certifies that the information in the Compensation Form is true, accurate, and complete.

General Instructions and Important Notices – Compensation Form

- Please submit your claim form and any supporting documents electronically, if possible. The submission of electronic files will help the VCF process your claim most efficiently. If you cannot submit your form electronically, please indicate on the form whether the VCF can communicate with you by email.
- You must certify under penalty of perjury that all information contained in and submitted with the Eligibility and Compensation Forms is true and accurate. False statements or claims made in connection with this application may result in fines, imprisonment and/or any other remedy available by law to the federal government. The VCF **cannot** process your claim until it receives the section of the Eligibility Form with your original signatures.
- If you submit the Eligibility and Compensation Forms by mail, please keep a copy. The Special Master's office may need to contact you for clarification of additional information based on what you submitted.
- Claimants are assigned a Claimant Identification Number when they begin a Registration on the VCF's online system. Claimants using the hardcopy claim forms are assigned Claimant Identification Numbers when they submit the Eligibility Form. That Claimant Identification Number will allow you to track the status of your claim online. You should refer to this Claimant Identification Number whenever you contact the Victim Compensation Fund regarding your claim. Please put that number on any documents you submit after you have received that number.
- If you are submitting the form by mail, please make sure to include your Social Security Number or National Identification Number at the top of all pages of the form, and on all additional pages or documents you submit.
- If you are submitting the form electronically, please make sure to include your Social Security Number or National Identification Number at the top of all supporting documents you submit.
- You must complete all applicable sections of the Compensation Form (Parts V-X) and submit any relevant supporting documentation in order for the VCF to process your claim.
- Please notify the Victim Compensation Fund if you change your address and/or telephone number. To do this, you can update your contact information using the online system. If you do not have access to the online system, you should notify the VCF of the change by sending a letter



to the VCF. In the letter, please include your claim number, full name, Social Security Number or National ID Number, address and telephone number currently on file, and the new address and/or telephone number you would like the VCF to use for future communications. Please be certain to sign and date the letter. If the Special Master has questions and cannot locate you, your claim may be deemed abandoned at the end of the program.

Claims by Non-U.S. Citizens or Residents

- If you do not have a U.S. Social Security Number, you must provide your country's equivalent identification number (such as a national tax identification number). This number will be used to track your claim.
- Please list the amounts for income, benefits, medical expenses and collateral source compensation in whatever currency they were or will be earned or paid.
- Unless you have a U.S. bank account, the award will be paid to you in U.S. dollars via a check from the U.S. Department of the Treasury. It will be mailed to the address you provide in Part I.A of the Eligibility Form.



Instructions for Completing Hardcopy Claim Forms

When completing the claim form, please use black or blue ink. It is important to keep the following tips in mind to ensure the accuracy and readability of your responses:

- For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

- When shading in response circles, please completely darken the whole circle. The following will serve as an example:

Shade Circles Like This--> ●
Not Like This-->  



SECTION-BY-SECTION INSTRUCTIONS – Compensation Form

These instructions provide an overview of the questions in each section, provide more detail on certain questions, and identify the supporting documentation that you must include with your Compensation Form.

PART V. CLAIMANT'S MEDICAL LOSS OR OTHER OUT-OF-POCKET EXPENSE LOSS

Section A of this Part asks for information about medical and other expenses that you have already incurred. You should only list expenses that are related to the injuries or conditions that you listed in Part III of the Eligibility Form. On the claim form, you should list each expense individually. For example, if you had to take two different prescriptions for your condition, you should list each of those prescriptions separately on the claim form.

You must also submit supporting documents for each expense. Those documents should show that you actually incurred each expense and the amount of that expense. In the example above, you would need to submit documentation demonstrating your out-of-pocket expenses for each separate prescription refill. Receipts and invoices are examples of acceptable documents. Instead of separate receipts, you might have a document summarizing your prescription costs by year (for example, from an insurer or a pharmacy). This type of document could also provide support for the claimed expense.

In Section B of this Part, you should list any medical or other expenses that you expect to incur in the future. As in Section A, only include expenses that are related to the injuries or conditions that you listed in Part III of the Eligibility Form. If you seek compensation for future expenses, you must submit documentation demonstrating that the condition will continue in the future and the time period during which the treatment is expected to continue. As an example, you might submit a summary of your condition from your treating physician describing the condition, your prognosis, and the treatment you will need in the future. It should also explain why the future expenses will be necessary. You should also provide any other documentation showing that these expenses are likely to arise and the cost of these expenses.

What Types of Expenses Should I List in Part V?

The VCF may compensate you for expenses that are directly related to your injury or condition. These may include:

- Prescriptions
- Doctor and hospital visits
- Rehabilitation treatment
- Vocational training
- Home modification
- Assisted living



What are Out-of-Pocket Expenses?

The VCF will only compensate “out-of-pocket” expenses. Out-of-pocket means expenses that you actually had to pay or will have to pay. You should not list expenses that your insurance company paid or reimbursed you for (but you may include the portions that you paid yourself, such as co-pays). The cost of treatment provided at no cost through programs such as the World Trade Center Health Program is not an out-of-pocket expense.

If you have been partially reimbursed for an expense (or will be partially reimbursed), you may include that expense. But you should only list the non-reimbursed portion of that expense. For example, if you paid for a treatment that cost \$200, but your insurance company later reimbursed you \$150 for that treatment, you should list the treatment with an expense of \$50. You should provide documentation showing how much you spent on that treatment and how much you were reimbursed.

If you listed any medical expenses in Sections A or B, you must also complete Section C. In this section, you should list any insurance, health care, or disability benefits that you were covered under when you incurred the medical expenses. If you are claiming future medical expenses, also include your current health insurance coverage here. You should list all insurance, health care, or disability benefits here, even if your insurer did not cover the specific expenses you listed in Sections A or B.

You must also provide documentation related to any insurance, health care or benefits that you list. If any of the entities covered or reimbursed your expenses, please provide documentation of that reimbursement. If reimbursement or coverage was denied, please provide documentation of the denial.

PART VI. CLAIMANT’S LOSS OF EARNINGS TO DATE/LOSS OF REPLACEMENT SERVICES TO DATE

Section A requests information about earnings and benefits you have already lost due to your September 11th-related injury. If you have lost earnings because of work you have already missed, you should provide that information in this section. You should only list time missed from work that you were not paid for. Sick days, paid leave, and other days that you were paid for should not be included.

You should also submit documentation demonstrating how many days of work were missed and the compensation and/or benefits that were lost. Such documentation may include pay stubs, salary letters, end of year pay statements, or sworn and notarized affidavits from your employer describing the work missed and lost earnings.

In Section B, you may provide information about any replacement services loss to date. Replacement services are household services you typically and routinely provided before you were injured. The VCF will determine replacement services loss on a case-by-case basis.



This determination will be based on several factors, including:

- The type of services the Claimant provided before the physical injury or condition
- The amount of time spent performing the services
- The cost of replacing those services

In this section, you should list any specific household services that your September 11th-related injury has prevented you from performing. If you have had to pay someone to perform these services, you should list how much money you spent on those services. You must also provide documentation of those actual costs.

What Types of “Replacement Services” Should I List in Part VI?

The types of Replacement Services that will be covered depends on each Claimant’s individual circumstances. Some common Replacement Services are:

- Cleaning
- Cooking
- Child care
- Home maintenance and repairs
- Financial services

PART VII. CLAIM OF LOST FUTURE EARNINGS/CLAIM OF LOST FUTURE REPLACEMENT SERVICES

If you are suffering an ongoing disability, you can seek compensation for earnings and/or replacement services that you expect to lose in the future. This Part allows you to provide information that may help the VCF calculate this loss.

In order to seek compensation for lost future earnings or replacement services, you generally must have an ongoing disability. Section A asks whether you have a disability or incapacity. It also asks whether any government agency, insurer, or physician has made a determination about whether or not you are disabled. You should submit any documentation about such a determination. This documentation should show the injuries or conditions on which the determination is based. You should also submit any other documentation that shows whether you are able or unable to work in the future.



How will the VCF determine my level of disability?

The Compensation Form asks whether your disability or incapacity is temporary or permanent, and partial or total.

Temporary disability -- The Special Master may consider evidence regarding how much time you missed from work. The Special Master will be guided by the definition of temporary disability employed in disability programs or by private insurers.

Permanent disability -- The Special Master will make a determination regarding whether you are capable of performing your usual profession in light of your injuries.

Total permanent disability -- The Special Master may accept a determination of disability made by the Social Security Administration. The Special Master may not need any further medical evidence or review if that determination was based on the same covered injury or condition. The Special Master may also consider whether other government agencies or private insurers have determined that you are permanently disabled. The Special Master may also require an evaluation from medical experts about your disability and ability to perform your occupation.

If you have a disability, Section B asks you to describe how it will affect your ability to work in the future. You should describe how long you expect to be out of work and how much compensation you will lose in that time.

Section C asks for information about your wages and benefits. The VCF will use this information to calculate your future loss of earnings award. Generally, the VCF calculates economic loss based on the compensation and benefits you earned before your injury impacted your earnings. You should provide information and documents that describe factors related to your compensation, including: your employment history, your compensation, and the benefits your employer provided. You will need to provide this information for every job or position you held during the time period described below.

For what time period do I need to provide work and compensation information?

The VCF needs work and compensation information for several years in order to calculate future lost earnings. You must submit this information for the calendar year in which you file your claim with the VCF. You must also submit this information for the period beginning three calendar years before you claim that your earnings decreased as a result of your September 11th-related injury through the year the claim is filed.

For example, assume you file your VCF claim in 2011. If your injury prevented you from working full-time starting in May 2008, you should provide work and compensation information for every year between 2005 and 2011. As another example, if your condition prevented you from doing your job in September 2004 and you had to switch to a lower paying job at that time, you should provide this information for every year between 2001 and 2011.



This period is triggered from when your earnings decreased as a result of your eligible injury or condition. It does not begin when your earnings decreased for any other reason. For example, if your employer reduced your hours for financial reasons in 2005 but you had to further cut back your hours in 2007 because of your condition, you should provide compensation information beginning in 2004 (three years prior to 2007), not 2002.

Compensation Information

Your compensation award will be based, in part, on earned income. There are two categories of earned income. 1) **base salary and wages** and 2) **additional sources of compensation** (such as bonuses, commissions, overtime pay, deferred compensation or incentive pay). Your award **will not be based on** passive income such as investments or rentals.

The VCF will determine your pre-tax **base salary and wages** based on the documents you provide. The documents should show your base salary and wages and any additional sources of compensation. Acceptable documentation could include pay stubs, salary letters, end of year pay statements, and tax returns. On the claim form, you should indicate how your salary was paid (yearly, weekly, hourly, etc.).

This Section also asks you to check any **additional sources of compensation** you received. This includes:

- Bonuses
- Commissions
- Overtime
- Tips
- Honoraria
- Other incentive pay

Note: All Claimants seeking compensation for lost future earnings should submit their complete tax returns for every year during this same time period (three years prior to the decrease in earnings due to the injury or condition through the date the claim was filed with the VCF). If you do not have all tax returns, the VCF may be able to accept tax return transcripts instead. Tax return transcripts can be ordered from the IRS for free.

Note: If you were self-employed or a business owner, please submit documents establishing your claimed profits or earnings during this time period.

Employer-Provided Benefit Information

The calculation of economic loss will also take into account employer-provided benefits. In this section, you should provide information about any benefits you received from your employer(s). The most common benefits include the following:

- Health benefits
- Pension
- Employer contribution to Claimant's 401(k) or similar plan
- Housing allowance



- Transportation subsidy or company car
- Government employee benefits
- Other- such as profit sharing plans

The claim form asks you to identify the types of benefits you received from your employer. You will also need to provide documents showing that you received each benefit. The documents should also show the amount or value of each benefit.

Note: If you were in the military, you should include housing and other benefits in the **additional sources of compensation** section. You should not include that information in the benefits section. Claimants in the military may also choose to have the Special Master rely on published compensation and benefit scales. To choose this, check the appropriate box on the Compensation Form. You must then submit a copy of the Claimant's Military Leave and Earnings Statement, but you do not need to provide any other additional compensation information. This only applies for time you spent in the military. For any non-military employment during the time period, you should still provide information about any benefits you received from employers.

Note: The VCF will need a variety of supporting documents for this section. Please see the Supporting Document Checklist for help determining what documents to include.

What if I cannot obtain or am having difficulty obtaining compensation-related information?

The Special Master recognizes that collecting this information may be a difficult task. The Special Master will work with the Claimant's employer to confirm compensation and benefits information.

Finally, Section D of this Part asks for information about Replacement Services that the Claimant provided before his or her injury or condition. If you suffer from an ongoing disability, your compensation award may include Replacement Services that you will not be able to perform in the future. In this section, you should describe the specific services that you will not be able to perform. You should also describe the value of any services that you used to perform but will now have to pay for. In support, you should submit documentation showing the cost of these services.

PART VIII. COLLATERAL SOURCE PAYMENTS

The VCF is required to reduce compensation awards by **collateral source payments**. "Collateral source" payments are payments that a Claimant has received (or is entitled to receive) as a result of his or her September 11th-related injury or condition. Those payments may be from a variety of sources, including governments, insurance, or lawsuits.

Note: Contributions from privately-funded charities are **not** considered collateral sources. They do not need to be listed and will not be deducted from compensation awards.

In this Part, you must identify and describe any collateral source payments that you have applied for or received for your September 11th-related injuries. This Part asks about the following types of collateral source payments:



- Social Security benefits
- Workers' Compensation payments
- Other payments

You should indicate on the claim form whether you have applied to receive any payments from these sources for your September 11th-related injury. If so, you should indicate whether the application was approved, denied, or is pending. You should also provide information and documents about any payments you have received.

What type of collateral source documentation do I need to submit?

You should provide documentation showing the determination of your application and the amount of collateral source compensation that you have received.

If you have received, are receiving, or are entitled to receive payments, you should provide documentation from the relevant entity showing your eligibility and benefits.

If you applied for payments but were denied, you should provide the official denial, as well as any related correspondence.

If your application for payment is pending, you should provide a copy of your pending application.

Note: There are two types of collateral source payments that do not need to be included in this section because they should have already been identified or accounted for in other sections of the claim form:

- Settlement payments from September 11th-related lawsuits (which should already be identified in Part I.E of the Eligibility Form)
- Medical payments (which should be accounted for in Part V of the Compensation Form. In that Part, you should only list out-of-pocket expenses. Part V should not include any amounts that were covered or reimbursed by insurance or other benefits or programs.)

PART IX. OTHER INFORMATION (OPTIONAL)

Please use this section to provide any additional information you believe will help the VCF calculate your compensation award. This might include clarification of information you provided elsewhere in the Eligibility and Compensation Form. It could also include information not covered elsewhere, such as information relevant to the determination of economic and non-economic loss.

If you submit additional information please remember to put your Social Security Number/National Identification Number and your Claimant ID Number at the top of each page.



PART X. CERTIFICATION FOR COMPENSATION FORM

This Part contains a series of important certifications and authorizations you must make. Please take sufficient time to read and understand each of them. They cover the information you submit in and with your claim.

Part X.A. Privacy Act Notice

This section contains important information about when the VCF and Department of Justice may disclose information you have provided with your claim. You must sign and date this section to indicate that you authorize the Department of Justice to disclose your information in the circumstances described.

Part X.B. Certification of Accuracy of Information

You must certify that the information contained in and submitted with or attached to the Compensation Form is true and accurate, under penalty of perjury. The Special Master will use procedures to verify, authenticate, and audit claims. False statements may result in fines, imprisonment, and/or any other remedy available by law. The Special Master shall refer all evidence of false or fraudulent claims to the Department of Justice and other appropriate law enforcement authorities.

EXHIBITS

Compensation Form Exhibit 1 – Social Security Administration Consent For Release Of Information And Request For Social Security Earnings Information

This exhibit contains an authorization for the Social Security Administration to release information related to your earnings and any Social Security benefits you have received. **IMPORTANT:** You must submit a completed copy of Compensation Form Exhibit 1 if you are claiming any past or future lost earnings, or if you are receiving any Social Security disability benefits. Please sign this authorization and submit it with your completed Compensation Form. If you are not claiming any lost earnings and you do not receive any Social Security disability benefits, you do not need to submit this authorization.

Eligibility Form Exhibits

If there are any New York pension funds listed in Exhibit B1 that may have pension information relevant to your claim, and you have not already done so, please submit Exhibit B1 for that entity. If you already submitted that Exhibit for that entity with your Eligibility Form, you do not need to submit it again.

* * *

If you are submitting your claim electronically on the VCF website, you should click on the link at the bottom of the "Exhibits" section to download and print the Exhibit 1 PDF file. Whether submitting online or in hardcopy, you may also access the file (and Eligibility Exhibit B1 if needed) on the www.vcf.gov website. After downloading and printing Exhibit 1, please complete the appropriate fields, sign in the appropriate places, and mail the applicable Exhibits and the entire Part X with your original signatures (no copies) to the VCF at:



September 11th Victim Compensation Fund
P.O. Box 34500
Washington, DC 20043

Please keep a copy of the signed documents for your records. If possible, upload a copy of your signed documents to the Document Checklist on the website. This will allow the VCF to begin processing your claim.

SUPPORTING DOCUMENTATION CHECKLIST

As noted throughout the Compensation Form, you must submit supporting documentation. The document checklist helps you prepare and submit a complete Compensation Form. Please use it to collect the required documentation. Unless noted otherwise, you must submit documentation for all Parts. If you are submitting supporting documents by mail, please submit the checklist with those documents.